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PTO/SB/02 (04-05)

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/876,979
Filing Date	6/8/01
First Named Inventor	
Art Unit	Henits
Examiner Name	
Attorney Docket Number	2770/76

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

29858

☒ Please change the correspondence address for the above-identified application to:

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Individual Name

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
☒ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE OF Applicant or Assignee of Record**

Signature

*David Offenshaw* on behalf of NICE SYSTEMS INC.

Name

NICE SYSTEMS INC., by David Offenshaw, Gen Counsel / Corp Sec.

Date

9-20-05

Telephone

201.964.2772

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Nice Systems, Inc.Application No./Patent No.: 09/876,979 Filed/Issue Date: June 8, 2001

Entitled: System and Method for Recording and Storing Telephone Call Information

Nice Systems, Inc., a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: David A. Glowny, et al. To: Dictaphone Corporation  
The document was recorded in the United States Patent and Trademark Office at  
Reel 014379, Frame 0407, or for which a copy thereof is attached.
2. From: Dictaphone Corporation To: Nice Systems, Inc.  
The document was recorded in the United States Patent and Trademark Office at  
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Michael E. Shanahan, Reg. No. 43,914

Printed or Typed Name

Attorney for Assignee  
Title

Date

(212) 895-2000

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Bib Data Sheet

CONFIRMATION NO. 2493

<b>SERIAL NUMBER</b> 09/876,979	<b>FILING OR 371(c) DATE</b> 06/08/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b> 3770/76
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## APPLICANTS

David A. Glowny, Milford, CT;  
 Phil Min Ni, Danbury, CT;  
 John E. Richter, Trumbull, CT;

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/328,299 06/08/1999 PAT 6,249,570

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/27/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 29	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Examiner's Signature _____ Initials _____					

## ADDRESS

29858

## TITLE

## SYSTEM AND METHOD FOR RECORDING AND STORING TELEPHONE CALL INFORMATION

<b>FILING FEE RECEIVED</b> 1978	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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